



DFW

 TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

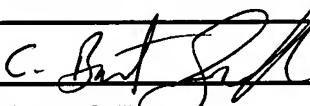
Total Number of Pages in This Submission

| | |
|--|------------------|
| Application Number | 10/695,976 |
| Filing Date | October 28, 2003 |
| First Named Inventor | Noe, Amanda |
| Art Unit | 2188 |
| Examiner Name | Walter, Craig E. |
| Total Number of Pages in This Submission | 14 |
| Attorney Docket Number | 015114-064700US |

ENCLOSURES (Check all that apply)

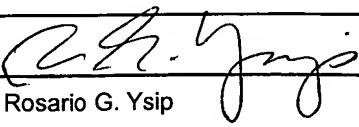
| | | | | |
|---|--|---|---------|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 p, in dup) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC | | |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | | |
| <input checked="" type="checkbox"/> Amendment/Reply (10 pp) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter | | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return Postcard | | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | | | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | | |
| <table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table> | | | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | C. Bart Sullivan | | |
| Date | April 27, 2006 | Reg. No. | 41,516 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|---|------|----------------|
| Signature |  | | |
| Typed or printed name | Rosario G. Ysip | Date | April 27, 2006 |



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 200)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/695,976 |
| Filing Date | October 28, 2003 |
| First Named Inventor | Noe, Amanda |
| Examiner Name | Walter, Craig E. |
| Art Unit | 2188 |
| Attorney Docket No. | 015114-064700US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|-----------------------|
| | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

| | |
|-----------------|-----------------|
| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----------------|-----------------|
| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| 200 | 100 |

Multiple dependent claims

| | |
|-----------------|-----------------|
| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| 360 | 180 |

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

27 -20 or HP = 4 x \$50 = \$200

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

3 -3 or HP = 0 x \$200 = \$0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | / 50 = | (round up to a whole number) x | = | |

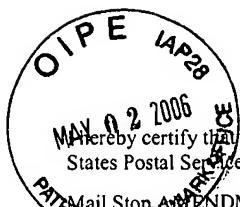
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|-------------------|---|--|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 41,516 | Telephone 415-576-0200 |
| Name (Print/Type) | C. Bart Sullivan | | Date April 27, 2006 |



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop AMENDMENT
Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450

On April 27, 2006

TOWNSEND and TOWNSEND and CREW LLP

By Craig L. Jones

PATENT

Attorney Docket No.: 015114-064700US

Client Ref. No.: A842

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Amanda Noe

Application No.: 10/695,976

Filed: October 28, 2003

For: PATTERN DETECT AND BYTE
ALIGN CIRCUIT USING CAM

Customer No.: 26059

Confirmation No. 8004

Examiner: Walter, Craig E.

Technology Center/Art Unit: 2188

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 27, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

05/03/2006 HDESTA1 00000015 201430 10695976

01 FC:1202 200.00 DA